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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No. ....09/543,052  
Filing Date .....4/5/2000  
Confirmation No. ....7216  
Inventorship .....Gopal Parupudi  
Applicant .....Microsoft Corporation  
Group Art Unit .....2681  
Examiner .....ERIKA A GARY  
Attorney's Docket No. ....MS1-508US  
Title: Context Aware Computing Devices Having a Common Interface and Related  
Methods

**INFORMATION DISCLOSURE STATEMENT**

**References -- See Attached Form PTO-1449**

To: Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

From: Lance R. Sadler (Tel. 509-324-9256; Fax 509-323-8979)  
Lee & Hayes, PLLC  
421 W. Riverside Avenue, Suite 500  
Spokane, WA 99201

The attached form PTO-1449 is submitted in compliance with Applicant's duty of disclosure under 37 CFR §1.56. The Examiner is requested to make these citations of official record in this application.

The Commissioner is hereby authorized to charge payment of fees or credit overpayments to Deposit Account No. 12-0769 as set forth in 37 CFR §1.17(p).

Dated: 1/18/05

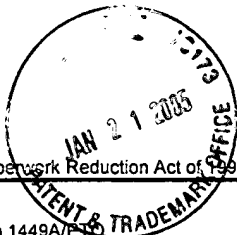
By: [Signature]

Lance R. Sadler  
Reg. No. 38605

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<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (use as many sheets as necessary)		<b>Complete if Known</b>			
		Application Number	09/543,052		
		Filing Date	04/05/2000		
		First Named Inventor	Gopal Parupudi		
		Art Unit	2681		
Sheet	1	of	1	Examiner Name	ERIKA A. GARY
				Attorney Docket Number	MS1-508US

U.S. PATENT DOCUMENTS						
Examiner Initials'	Cite No. <sup>1</sup>	Document Number		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code <sup>2</sup> (if known)				
		US- 2002/0029291		03-07-2002	Crandall	
		US- 2002/0081984		06-27-2002	Liu	
		US- 2002/0111715		08-15-2002	Richard	
		US- 2002/0156870		10-24-2002	Boroumand et al.	
		US- 5.644.740		07-01-1997	Kiuchi	
		US- 5.717.387		02-10-1998	Suman et al.	
		US- 6.128.759		10-03-2000	Hansen	
		US- 6.127.947		10-03-2000	Uchida et al.	
		US- 6.823.354		11-23-2004	Kynast et al.	
		US- 6.374.177		04-16-2002	Lee et al.	
		US- 6.405.020		06-11-2002	Oestreich et al.	
		US- 6.411.220		06-25-2002	Davis et al.	
		US- 6.628.928		09-30-2003	Crosby et al.	
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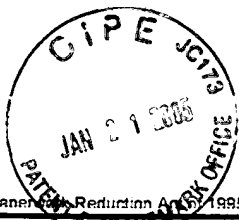
FOREIGN PATENT DOCUMENTS						
Examiner Initials'	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup> —Number <sup>4</sup> —Kind Code <sup>5</sup> (if known)				

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. 1 Applicant's unique citation designation number (optional). 2 See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. 3 Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). 4 For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. 5 Kind of document by the appropriate symbol as indicated on the document under WIPO Standard ST.16 if possible. 6 Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/BI/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$180.00)

**Complete if Known**

Application Number	09/543,052
Filing Date	4/5/2000
First Named Inventor	Gopal Parupudi
Examiner Name	ERIKA A GARY
Art Unit	2681
Attorney Docket No.	MS1 -508US

**METHOD OF PAYMENT** (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
_____ - 20 or HP = _____	x	50	= _____	_____	_____	_____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	_____	_____
_____ - 3 or HP = _____	x	200	= _____		

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

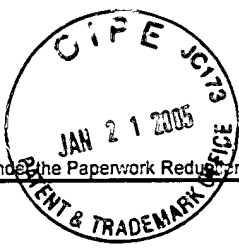
Other: Information Disclosure Statement

Fees Paid (\$)  
180.00**SUBMITTED BY**

Signature		Registration No. 38605 (Attorney/Agent)	Telephone (509) 324-9256
Name (Print/Type)	Lance R. Sadler		Date 1/13/05

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/543,052
	Filing Date	4/5/2000
	First Named Inventor	Gopal Parupudi
	Group Art Unit	2681
	Examiner Name	ERIKA A GARY
Total Number of Pages in This Submission	Attorney Docket Number	MS1-508US

**ENCLOSURES (check all that apply)**

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final                | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input type="checkbox"/> Affidavits/declaration(s)  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Extension of Time Request  | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Express Abandonment Request  | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter   |
| <input checked="" type="checkbox"/> Information Disclosure Statement                              | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):            |
| <input type="checkbox"/> Certified Copy of Priority Documents                                     | <input type="checkbox"/> Request for Refund   | PTO-1449 Form; Cited References (13); Return Post Card                                     |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application                         | <input type="checkbox"/> CD, Number of CD(s)  |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53                      | Remarks   |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	Lance R. Sadler/Reg. No. 38805
Signature	
Date	1/18/05

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Anna G. Hook		
Signature		Date	1-18-05

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